

Name
in
Full

Alexander Banks


CERTIFICATE OF DEATH

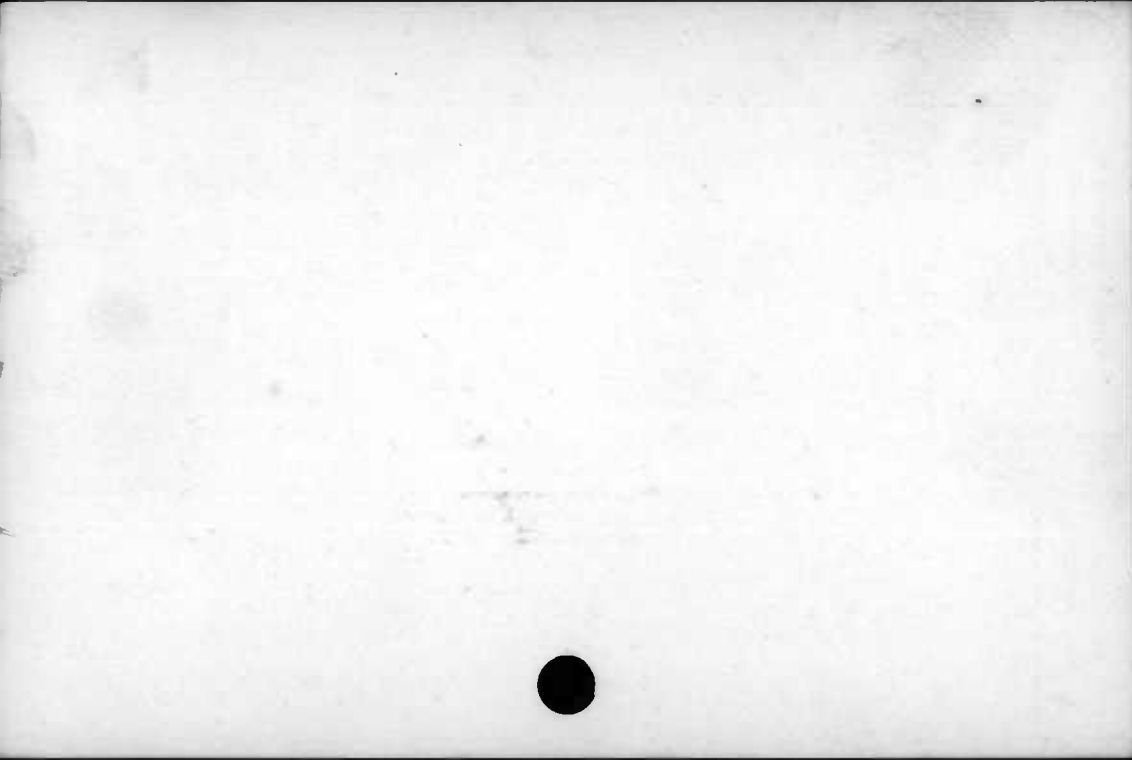
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Church Creek</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>Sept.</i> ^{Month}	<i>3rd</i> ^{Day}	Age <i>67</i> ^{Years}	<i>8</i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Col.</i>		Birth-place <i>Dor. Co. Md.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Martha Cornish</i>				
Father's Name <i>Charles Banks</i>	Father's Birthplace <i>Dor. Co. Md.</i>		Mother's Birthplace <i>Dor. Co. Md.</i>		
Mother's Maiden Name <i>Annie Harris</i>	Name of person giving information <i>James E. Banks</i>		How related to deceased <i>Son</i>		

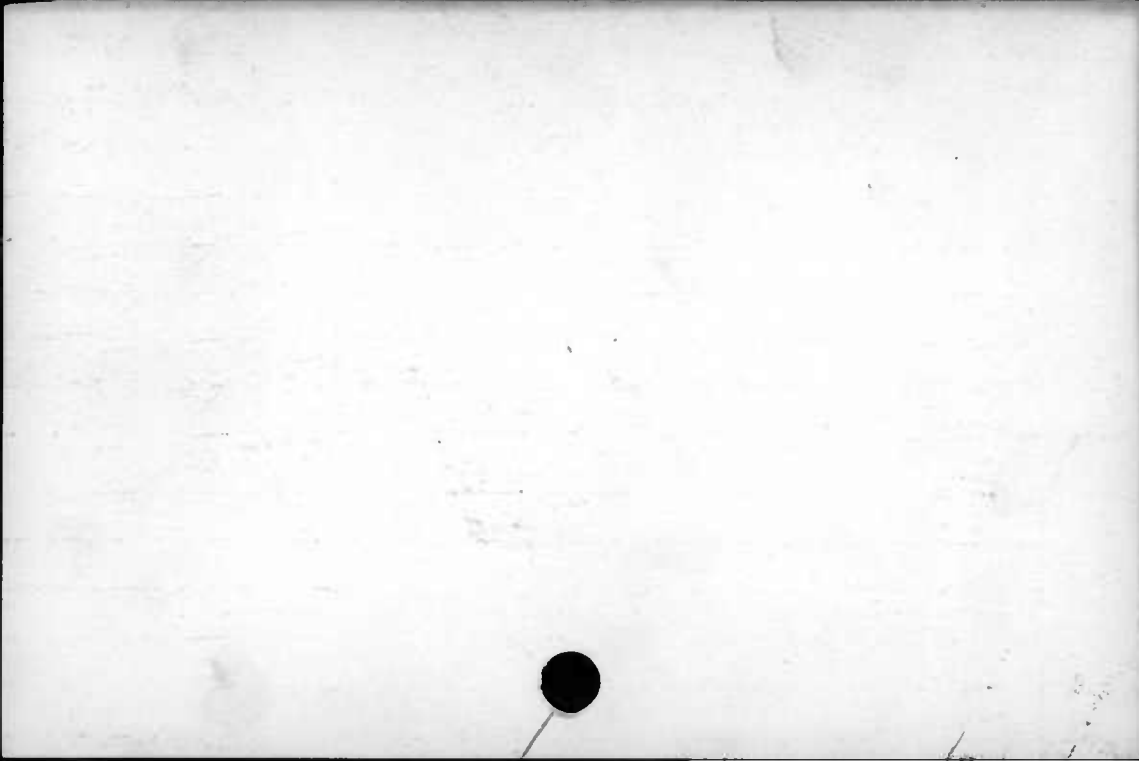
CAUSES OF DEATH

PHYSICIAN
OR CORONER

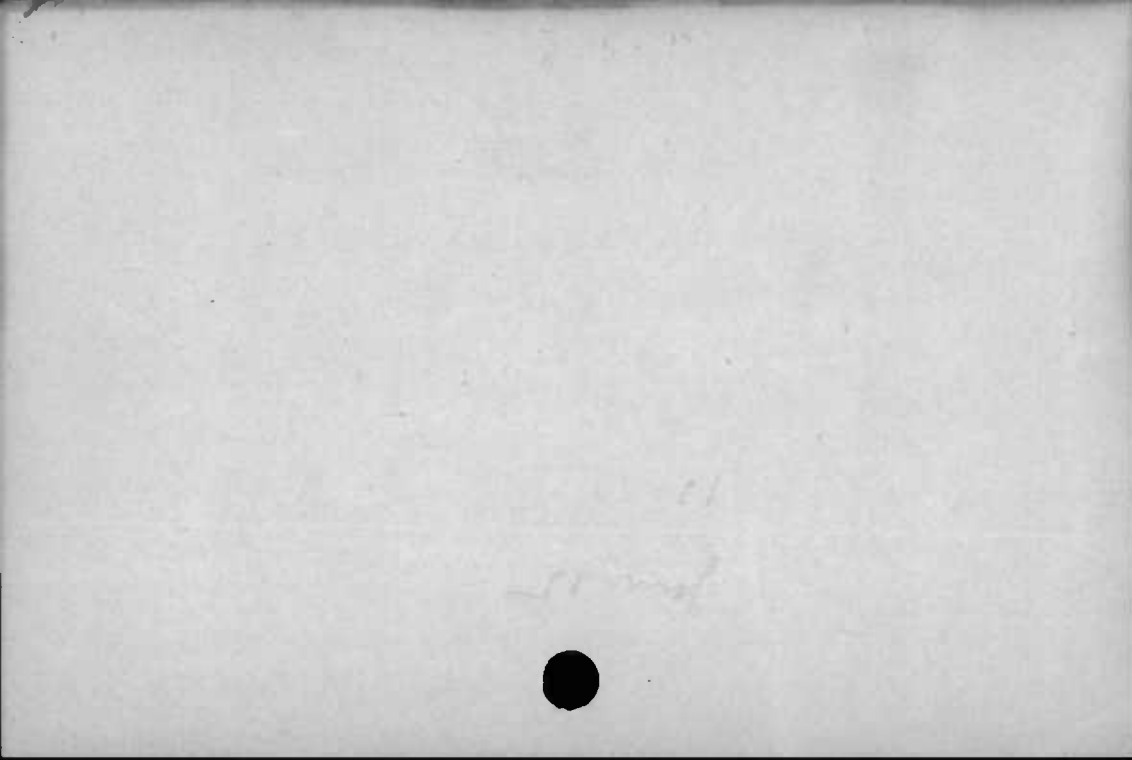
Primary <i>Typhoid Fever</i> 	How long <i>Eight weeks</i>
Immediate <i>Don't know</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Probably</i>	Signature of Physician <i>R. L. Clutcheon M.D.</i>
	Address <i>Church Creek, Md.</i>
Accident or Suicide? <i></i>	



Name in Full		Ida May Bantam				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cambridge		County		Dorchester
	Date of death		1905 - September		Day		29 th
	Sex		Female		Color or Race		Colored
	Occupation				Birth-place		Cambridge
	Where Residing if not at place of death						
	Married, Single or Widowed		Single		Name of Wife or Husband		
PHYSICIAN OR CORONER	Father's Name		John W. Bantam		Father's Birthplace		Cambridge
	Mother's Maiden Name		Annie M. Rideout		Mother's Birthplace		"
	Name of person giving information		John W. Bantam		How related to deceased		Father
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		Epilepsy		How long		(19)
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Samuel H. Hopper
					Address		Cambridge, Mass
	Accident or Suicide?						



Name in Full <i>Lila Bennett</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
		Date of death <i>190</i>	Month <i>26</i>	Day <i>3</i>	Age <i>20</i>	Months <i>2</i>	Days <i>15</i>
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>1874, G. W.</i>	
		Occupation <i>Housewife</i>		Where Residing if not at place of death			
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John G. Bennett</i>			
		Father's Name <i>Sam M. Penn</i>		Father's Birthplace <i>1842</i>			
		Mother's Maiden Name <i>Elizabeth Hastings</i>		Mother's Birthplace <i>1842</i>			
		Name of person giving Information <i>John G. Bennett</i>		How related to deceased <i>Husband</i>			
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary <i>Malaria</i>		How long <i>2 1/2 yrs</i>			
		Immediate <i>Auto Accident</i>		How long <i>1 day</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. C. B.</i>			
				Address <i>Columbia, Md.</i>			
		Accident or Suicide?					



Name
in
Full

William H. Bailey ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} East New Market^{County} DorchesterDate of death 1905 ^{Month} Sept^{Day} 11^{Years} Age 68^{Months}^{Days}

Sex Male

Color or
Race

white

Birth-
place

Dorchester Co.

Occupation

merchant

Where Residing if not
at place of death

E. N. Market, Md.

Married, Single
or Widowed

married

Name of Wife or
Husband

Sallie Bailey

Father's
Name

don't know

Father's
Birthplace

don't know

Mother's
Maiden Name

don't know

Mother's
Birthplace

don't know

Name of person giving
In formation~~William H. Bailey~~ Sallie BaileyHow related
to deceased

Daughter

CAUSES OF DEATH

Primary

Brights disease

How long

5 years

Immediate

Cardiac osthenia

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Edward L. Jones

Address

East New Market, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Gladys E. Bromwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Madison^{County} Derchrist

MARYLAND

Date of death 1905 Sept.

Day 12

Age Years no

Months 7

Days 17

Sex Female

Color or Race White

Birth-place Madison, Md.

Occupation None

Where Residing if not at place of death —

Married, Single or Widowed Single

Name of Wife or Husband —

Father's Name Charles Bromwell

Father's Birthplace Madison, Md.

Mother's Maiden Name Nettie Saunders

Mother's Birthplace Madison, Md.

Name of person giving information Charles Bromwell

How related to deceased Father

CAUSES OF DEATH

Primary

Cholera Infantum

How long 3 or 4 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

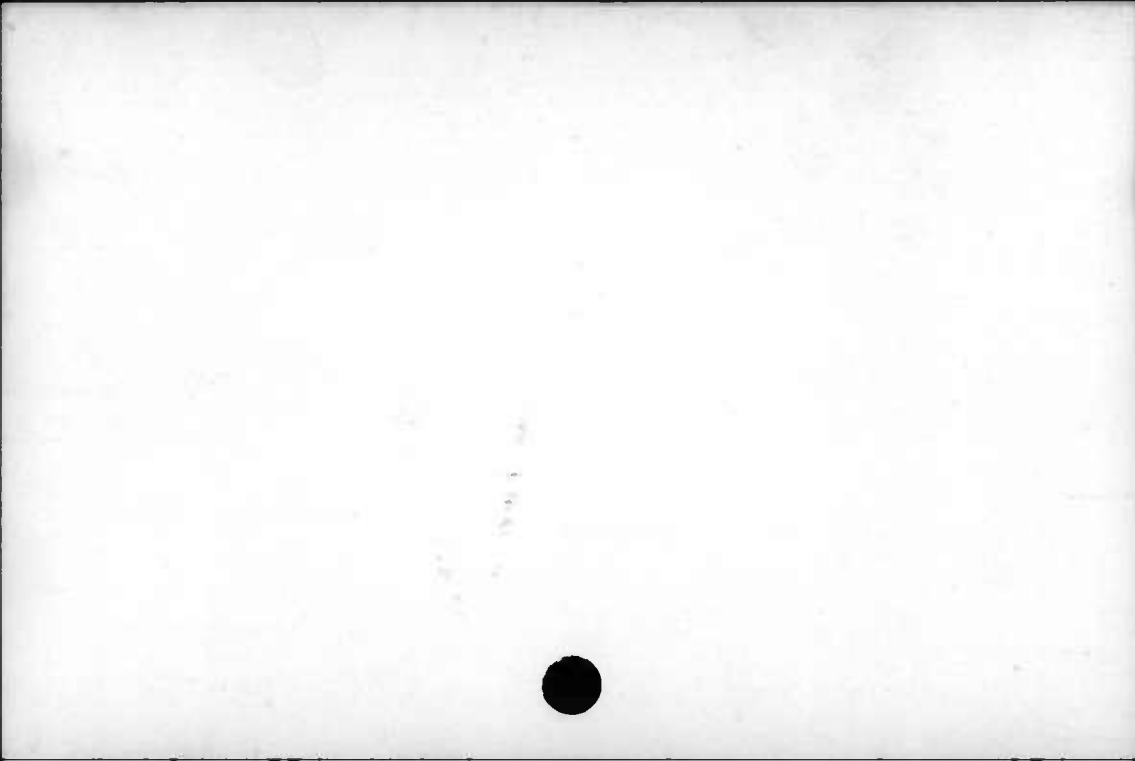
Signature of Physician

Address

B. L. Smith M.D.

Madison, Md.

Accident or Suicide?



Name
in
Full

Levin Camper ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND			
Date of death	1905	Month	Sept	Day	22	Age	Years 2	Months 1	Days 00
Sex	Male		Color or Race	Colored		Birth-place	County		
Occupation	Child		Where Residing if not at place of death		County				
Married, Single or Widowed	—		Name of Wife or Husband		—				
Father's Name	W H Camper					Father's Birthplace	County		
Mother's Maiden Name	Leah Jane Dennis					Mother's Birthplace	"		
Name of person giving information	Hatch					How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	1 yr
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. Brokawer
		Address	Vienna, Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

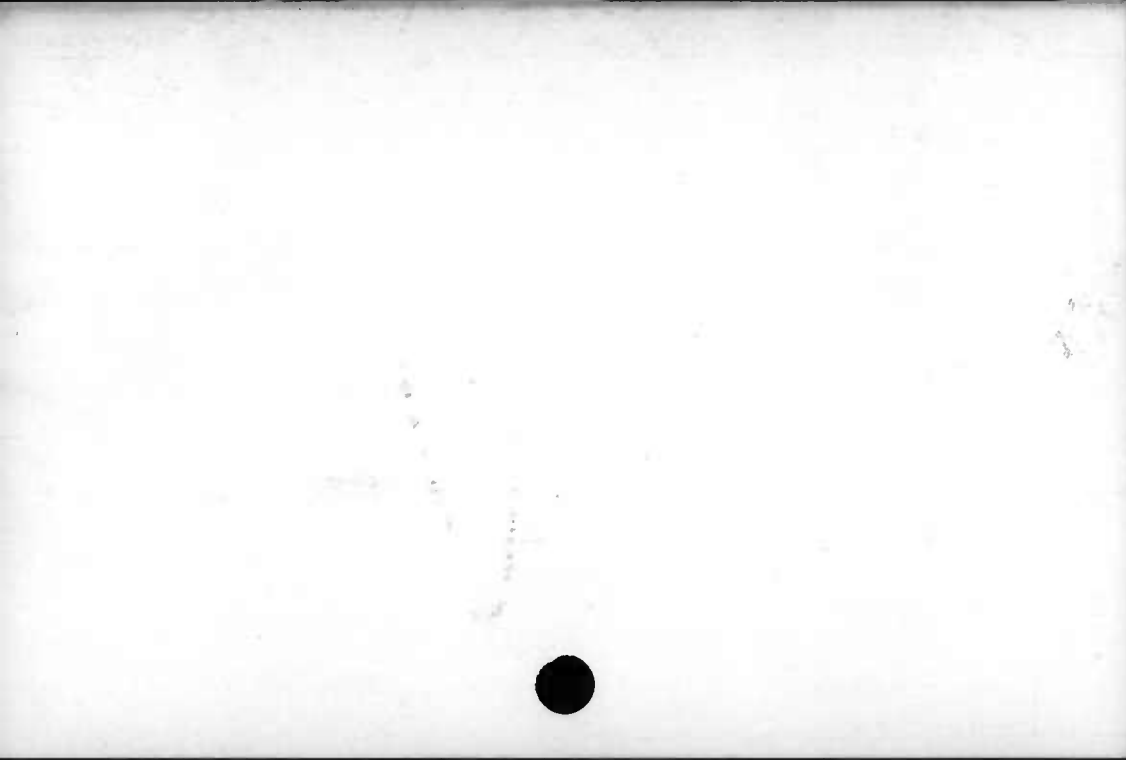
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Henry Cornish		Town Clear Springs		County Dorchester		MARYLAND	
Died at Clear Springs		Date of death 1905 Sept 24		Age 70		Months	Days
Sex male		Color or Race BLK		Birth-place			
Occupation Laborer		Where Residing if not at place of death —					
Married, Single or Widowed married		Name of Wife or Husband —					
Father's Name —				Father's Birthplace —			
Mother's Maiden Name —				Mother's Birthplace —			
Name of person giving information				How related to deceased ✓			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis	How long 27
Immediate Bronchiectasis	How long
Are the name, age, sex, color, date and place correctly given above? - yes	Signature of Physician E. E. Wolff M.D.
	Address Cambridge, Md.
Accident or Suicide? —	



Name
in
Full

CERTIFICATE OF DEATH

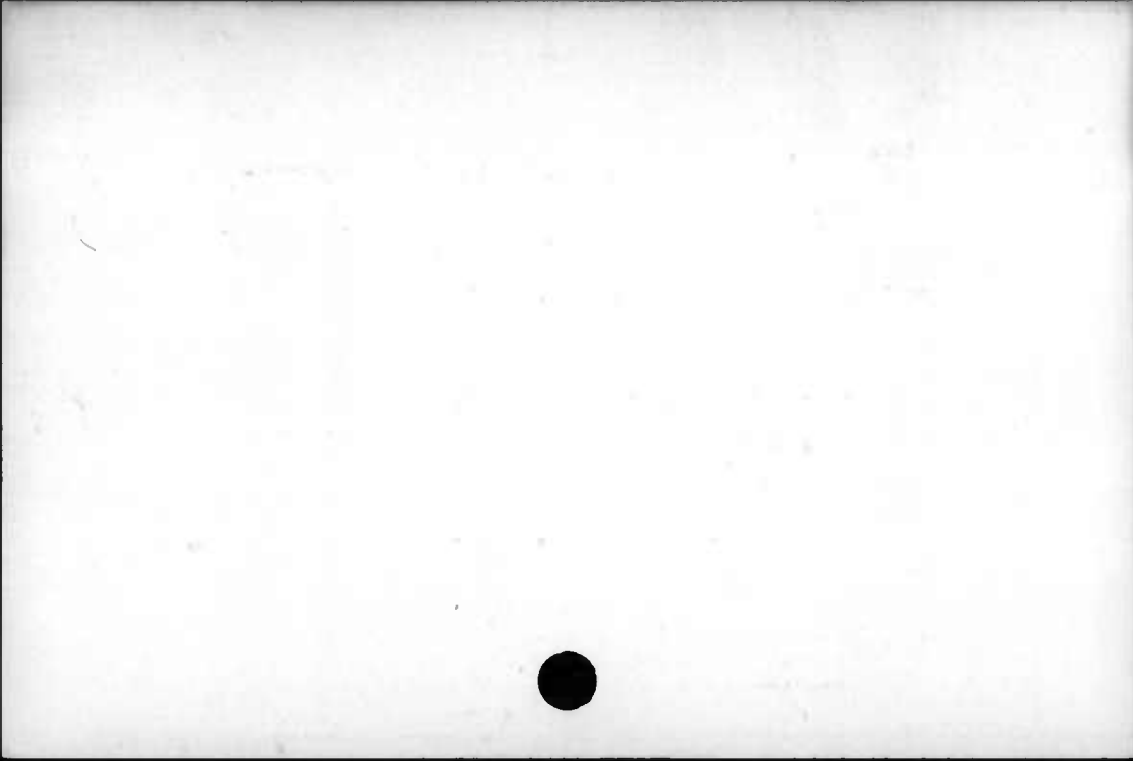
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Fisher</i>		Town _____		County <i>Dorchester Co</i>		MARYLAND					
Died at _____		Month <i>Sept</i>		Day <i>18</i>		Years <i>2</i>		Months _____		Days <i>3</i>	
Date of death <i>1905</i>		Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>County</i>					
Occupation <i>Child</i>				Where Residing if not at place of death _____							
<input checked="" type="checkbox"/> Married, <input type="checkbox"/> Single or <input type="checkbox"/> Widowed				Name of Wife or Husband _____							
Father's Name <i>Illegitimate</i>				Father's Birthplace _____							
Mother's Maiden Name <i>Mary Fisher</i>				Mother's Birthplace <i>County</i>							
Name of person giving information <i>Herman Fisher</i>				How related to deceased <i>Brother</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>1 yr</i>
Immediate <i>"</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. Broduske</i>
	Address <i>Vienna, Md</i>
Accident or Suicide? <input type="checkbox"/>	



Name
in
Full

Robert H Glover

CERTIFICATE OF DEATH

MARYLAND

Died at James Town Dorchester

Date of death 1905 Sept 5 Age 79 Months 9 Days 25

Sex Male Color or Race White Birth-place Baltimore Md

Occupation Carpenter Where Residing if not at place of death

Married, Single or Widowed Widower Name of Wife or Husband

Father's Name Same. Glover

Father's Birthplace X

Mother's Maiden Name Nancy Sadler

Mother's Birthplace

Name of person giving information Jerome Glover

How related to deceased Brother

CAUSES OF DEATH

Primary Remittent fever

How long 10 days

Immediate Dysentery

How long 3 days

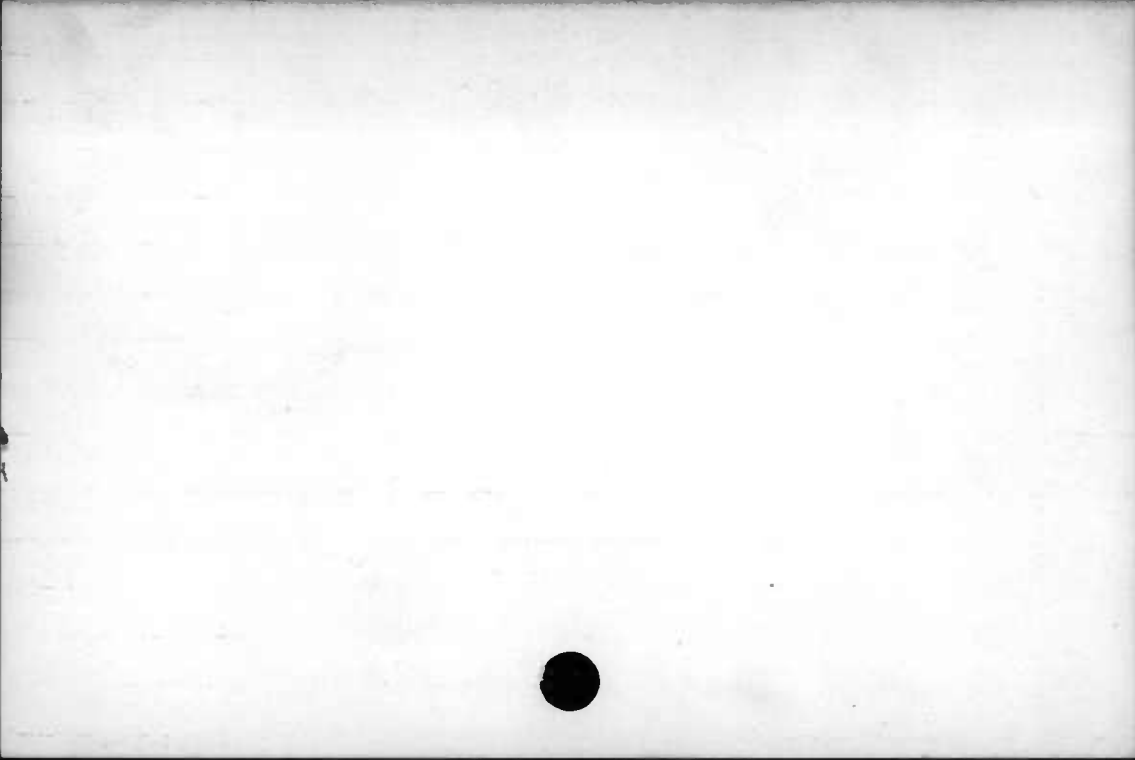
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

S A Stokes
Address R 76 # 5 Cambridge Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Name in Full *Jeff. Henry*
 Died at *Secretary* Town *Dr.* County
 Date 19*05*-*9* Month *7* Day
 Age *4* Y. *4* M. *0* D.
 Native of *Ind* Occupation *Infant*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐
 Number of children living *1*

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of

Primary

Death

Immediate

How long sick

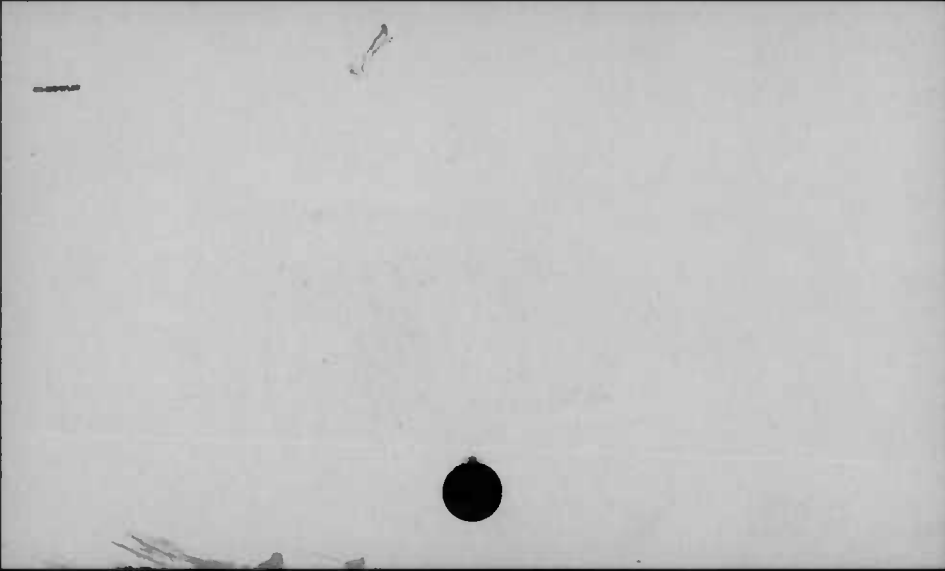
☒ Accident ☐ Suicide ☐ Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Mary Thensen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Hells Point

Town

Borchester

County

Date of death 1905 Sept

Month

Day 12

Age

Years

65

Months

Days

Sex Female

Color or
Race

negro

Birth-
place

Hells Point Md

Occupation

midwife

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

James Hansen

Father's
Name

Levi Ward

Father's
Birthplace

—

Mother's
Maiden Name

—

Mother's
Birthplace

—

Name of person giving
information

Jas Thensen

How related
to deceased

Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pernicious malarial fever

How long

1 week

Immediate

Pneumonia

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

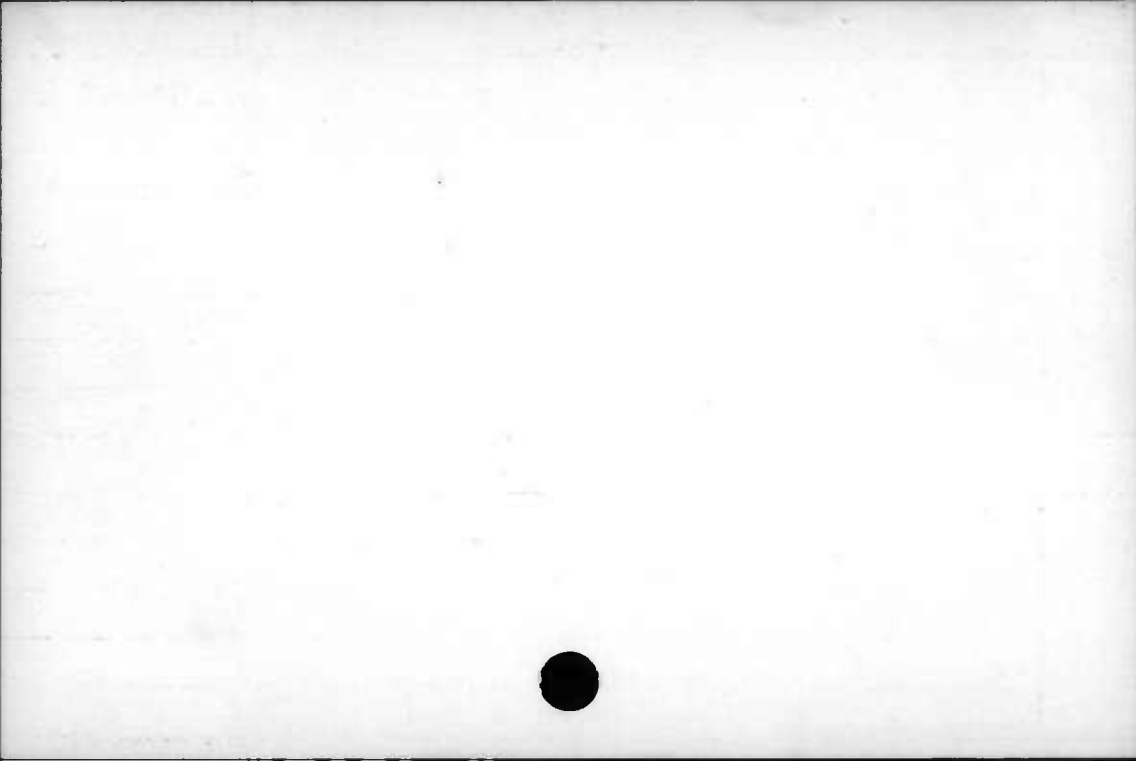
Signature of
Physician

S A Stokes

Address



Accident or Suicide?



Mary V Jackson

Died at East New Market Dorchester Md MARYLAND
 Town County

Date 19 05 9 5 Age 25 Dorchester
~~Male~~ White Married Widow Divorced
 Female Colored Single Widower Number of children living None

Husband of Chas Jackson
 Wife
 Father's Name John Harris Mother's Harris
 Maiden Name
 Cause of Death { Primary Consumption How long sick 7 months
 Immediate Accident, Suicide, Homicide

Reported by H H ThelloughlyAddress East New Market

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

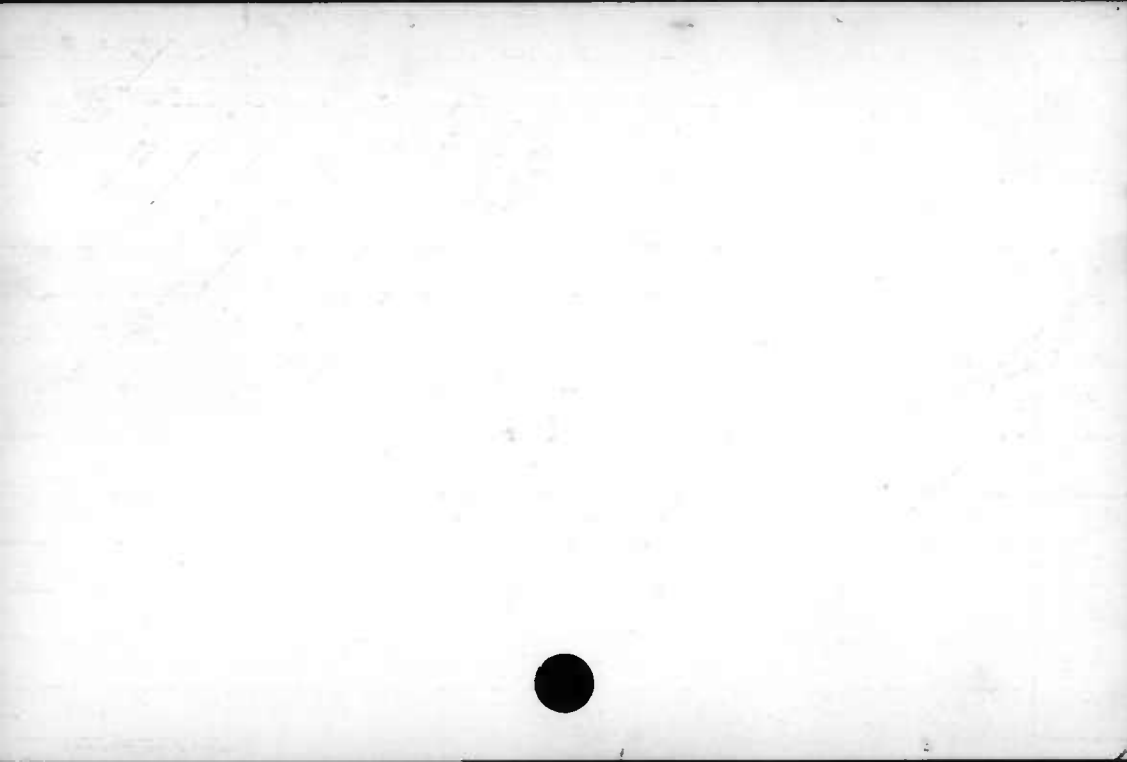
MARYLAND

Died at		Town		County	
Taylor Island		Dorchester			
Date of death	1905	Month	Sept	Day	20
Age		Years		Months	2
Sex		Male		Color or Race	African
Occupation				Birth-place	Md
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Sam'l W. Keene		Father's Birthplace	Md
Mother's Maiden Name		Rosa Johnson		Mother's Birthplace	N. C.
Name of person giving information		Martin Bowler		How related to deceased	Uncle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enteritis	How long	3 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. B. Shivers Jr	
Address		Taylor Island	
Accident or Suicide?		Md.	



Name
in
Full

Benjamin L. Keene

CERTIFICATE OF DEATH

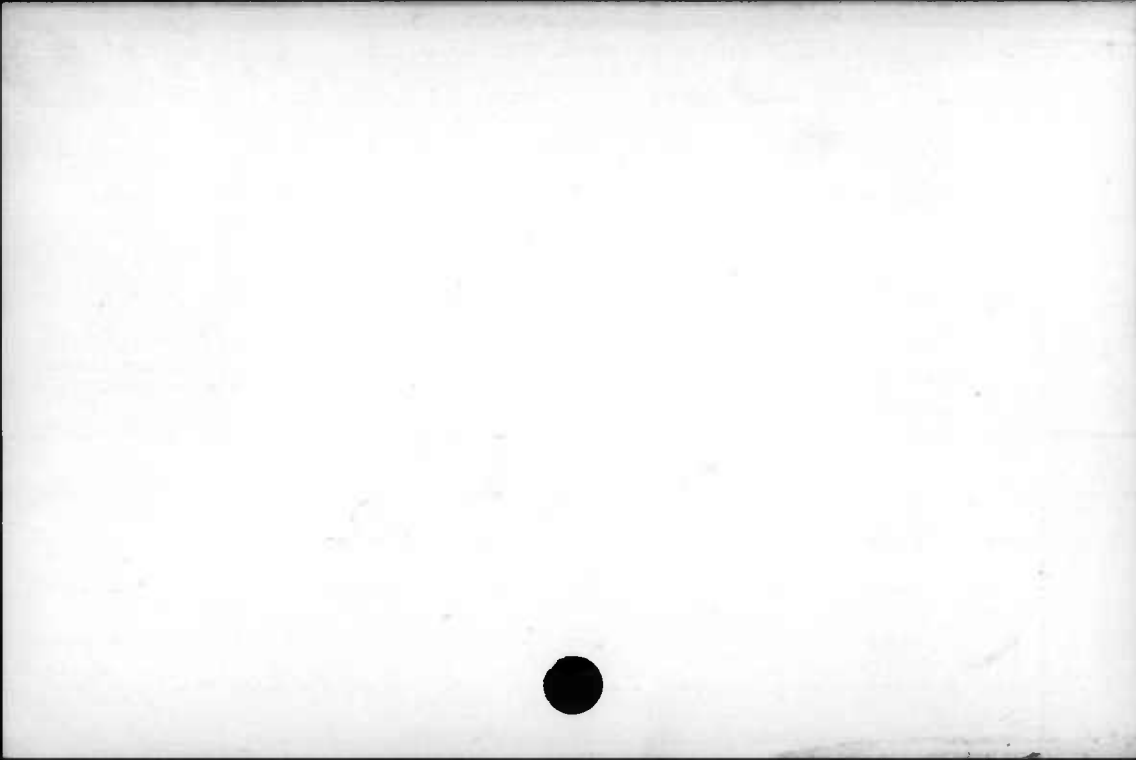
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Golden Hill</i>		<i>Durchester</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Sept.</i>	Day <i>27th</i>	Years <i>42</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Dor. Co. Md.</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>+</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Thomas H. Keene</i>			Father's Birthplace <i>Dor. Co. Md.</i>		
Mother's Maiden Name <i>Eliza E. Travers</i>			Mother's Birthplace <i>Dor. Co. Md.</i>		
Name of person giving information <i>Myself</i>			How related to deceased <i>Uncle by Marriage</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of hip & Lungs.</i>	How long <i>about 2 years</i>
Immediate <i>General Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. L. Smith MD</i>
	Address <i>Madison, Md</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

Clanor M. Keene

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>From</i>		Town <i>Madison</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>September</i>	Day <i>9th</i>	Age <i>1</i>	Year <i>1</i>	Month <i>1</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>Col.</i>		Birth-place <i>Dor, Co, Md</i>			
Occupation <i>Infant</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>Infant</i>					
Father's Name <i>John F. Keene</i>				Father's Birthplace <i>Dor, Co, Md</i>			
Mother's Maiden Name <i>Rosa M. Keene</i>				Mother's Birthplace <i>Dor, Co, Md</i>			
Name of person giving information <i>Rosa M. Keene</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enteritis</i>	How long	<i>one week</i>
Immediate	<i>105</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Probably</i>		Signature of Physician <i>R. L. Lintner</i>	
		Address <i>Church Creek, Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Ruth Lyons

✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Hurlock*

Town

County

Date

Month

Day

Years

Months

Days

of death 1905

9

9

Age

✓

3

✓

Sex

*Female*Color or
Race*white*Birth-
place*Hurlock*

Occupation

*none*Where Residing is not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
Husband

✓

Father's
Name*Guy Lyons*Father's
Birthplace*Wor Co*Mother's
Maiden Name*Gertie Kirby*Mother's
Birthplace*Caroline Co*Name of person giving
In formation*Willie Kirby*How related
to deceased*grandmother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Excitation

How long

Immediate

chdome

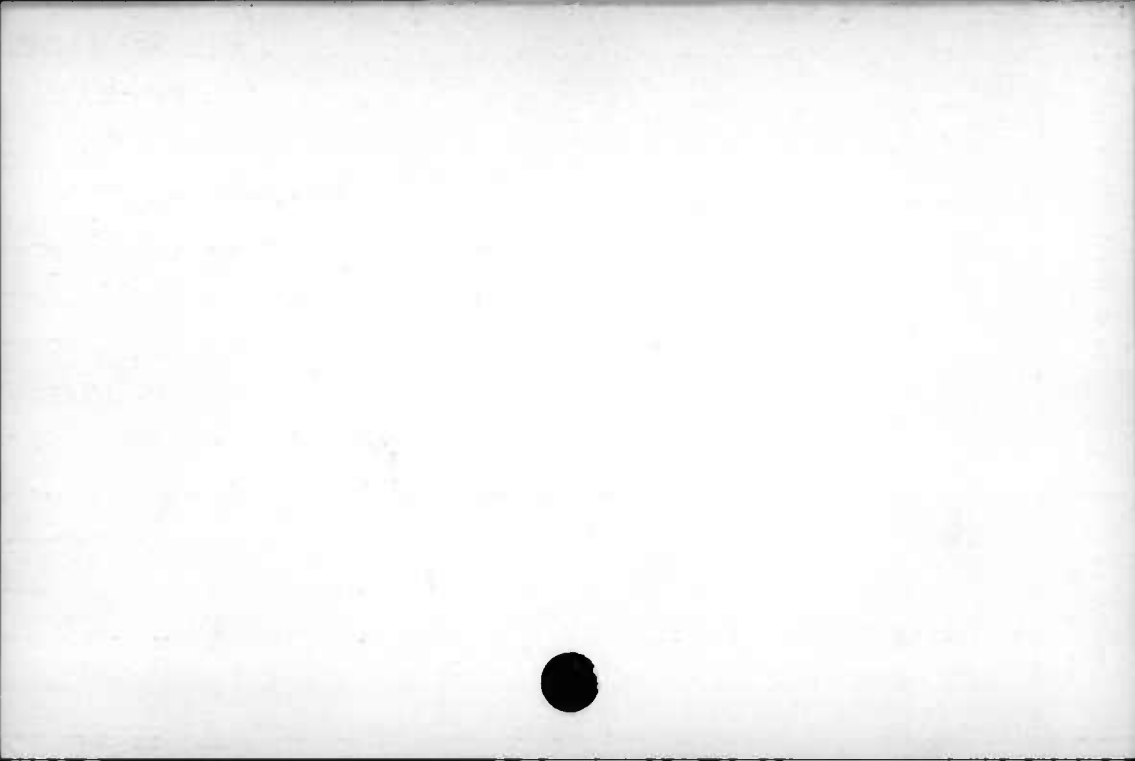
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Dr. Roger Myers MD**Hurlock**MD*

Accident or Suicide?



Name
in
Full

Russell Manoskey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cornersville* Town

Gar County

Date of death *1905*

Month *9*

Day *4*

Age

Years

Months *5*

Days

Sex *male*

Color or
Race

Colored

Birth-
place

Church Creek

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Earnest Cornish

Father's
Birthplace

Neck

Mother's
Maiden Name

Sarah Manoskey

Mother's
Birthplace

Church Creek

Name of person giving
In formation

Sarah "

How related
to deceased

Mother

CAUSES OF DEATH

Primary

fasted enteritis

How long

2 weeks

Immediate

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

S A Stokes

Address

Cambridge
Mass

Accident or Suicide?



Name
in
Full

Clarence Keel

CERTIFICATE OF DEATH

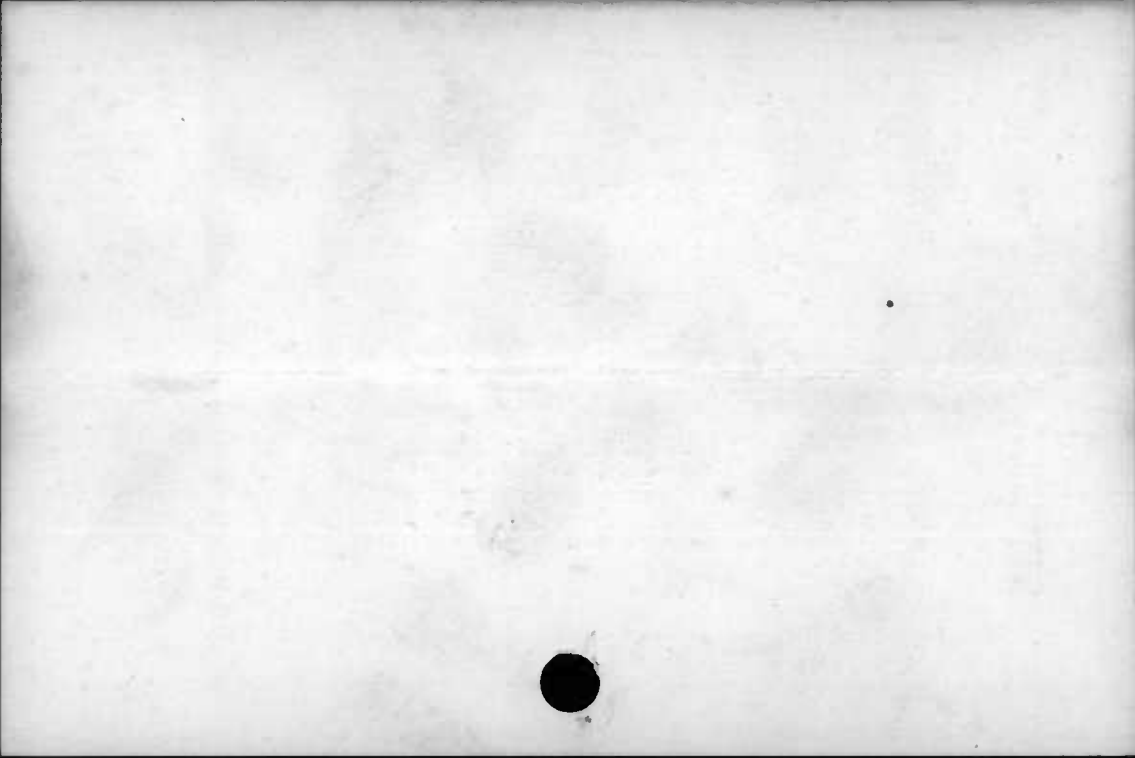
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cabin Creek</i> Town <i>Duchester</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>9</i>	Day <i>28</i>	Age <i>8</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Cabin Creek</i>	
Occupation <i>Infant</i>	Where Residing if not at place of death <i>Cabin Creek</i>		
Married, Single or Widowed	Name of Wife or Husband <i>Has No Husband</i>		
Father's Name <i>Not Known</i>	Father's Birthplace <i>Not Known</i>		
Mother's Maiden Name <i>Mary Keel</i>	Mother's Birthplace <i>Not Known</i>		
Name of person giving information <i>Spencer Jones</i>	How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Drowning</i>	How long <i>22</i>
Immediate <i>Yes</i>	How long <i>?</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of <i>Boomer</i>
	Address <i>Theophilus Mowbray Humboldt</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

Mrs. Hester Neid

CERTIFICATE OF DEATH

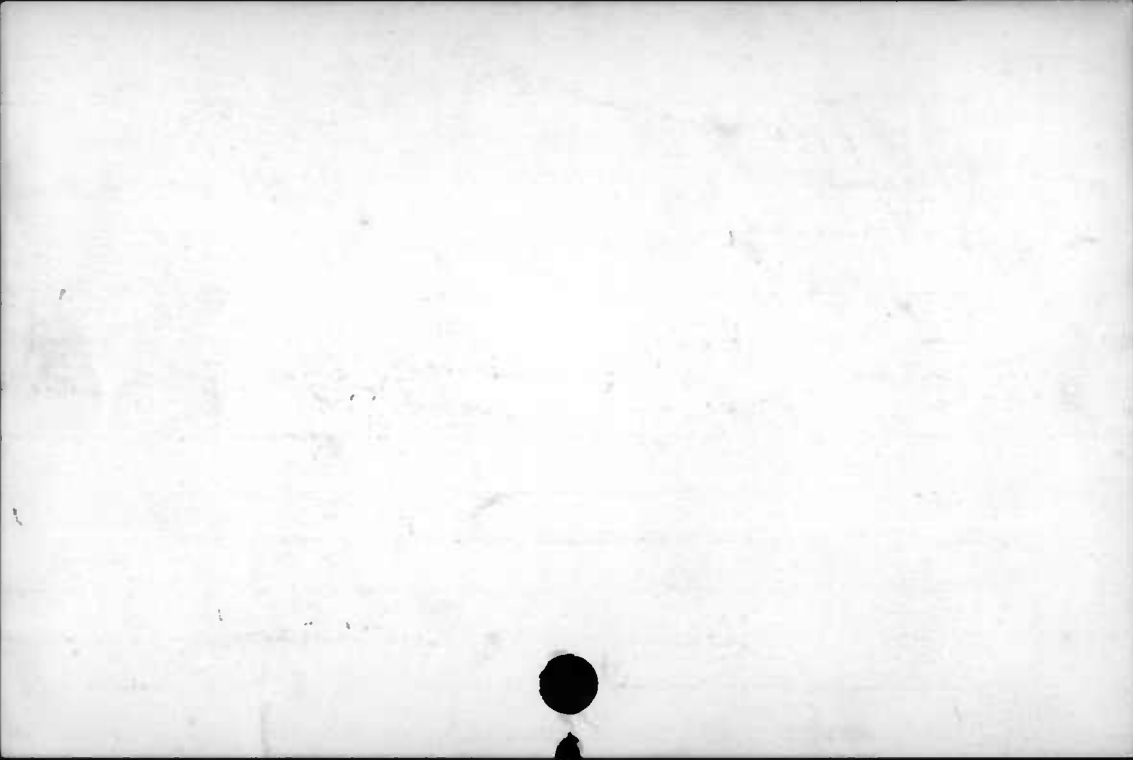
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Woods</i>		^{County} <i>Dorchester</i>		MARYLAND	
Date of death	<i>1905</i>	^{Month} <i>Sept.</i>	^{Day} <i>14</i>	^{Years} <i>60</i>	^{Months}
Sex	<i>Female</i>		^{Color or Race} <i>White</i>	^{Birth-place} <i>Dor. Co. Md.</i>	^{Days}
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>John R. Neid</i>		
Father's Name	<i>Outbridge Neid</i>			Father's Birthplace	<i>Del.</i>
Mother's Maiden Name	<i>Eleanor E. Bradley</i>			Mother's Birthplace	<i>Del.</i>
Name of person giving information	<i>W. H. Neid</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>3 hours</i>
Immediate	<i>"</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>B. L. Smith</i>
		Address	<i>Madison Md.</i>
Accident or Suicide?			



Name in Full

Certificate of Death

William I Rnark

Died at Applethorpe For County MARYLAND
 Date 1905 Sept 21 50 — Applethorpe system
 Male White Married Widow Divorced
Female Colored Single Widower Number of children living 1

Husband of Susan Rnark
 Wife Wm I Rnark Mother's Mary Lewis
 Name Wm I Rnark Maiden Name Mary Lewis
 Cause of Primary Consumption How long sick 18 months
 Death Immediate 21 Accident, Suicide, Homicide

Reported by James Lewis
 Address Applethorpe W H Harrison
Trind T

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in

Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Garfield Sampson

Town

Secretary

County

Dorchester

MARYLAND

Date

of death

1905

Month

9

Day

23

Age

Years

4

Months

9

Days

4

Sex

Male

Color or
Race

Black

Birth-
place

Secretary

Occupation

Infant

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Mary Sampson

Father's
Name

Fred. Sampson

Father's
Birthplace

Dorchester

Mother's
Maiden Name

Mary Kundle

Mother's
Birthplace

Dorchester

Name of person giving
Information

Fred. Sampson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Nephritis

How long

8 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

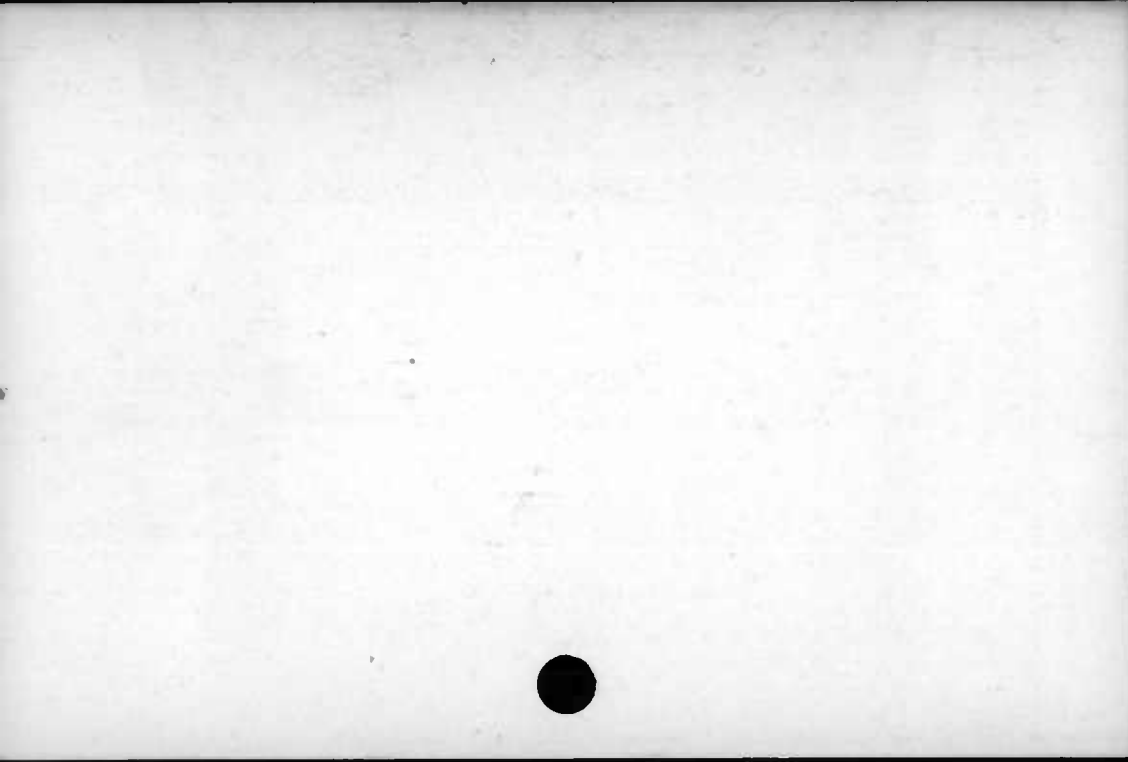
A. L. Sayers

E. Newmarket

Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cauling</i>		Town <i>Cauling</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>Sept</i>		Day <i>19</i>		Age <i>1</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth- place <i>Cauling Md</i>		Months <i>1</i>	
Occupation <i>—</i>		Where Residing if not at place of death				Days <i>2</i>	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Mr Douglas Holloman</i>		Father's Birthplace <i>Dorchester Co Md</i>					
Mother's Maiden Name <i>Estelle Sampson</i>		Mother's Birthplace <i>" " Md</i>					
Name of person giving in formation <i>Mr Douglas Holloman</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Therapies</i>		How long <i>Some months</i>	
Immediate <i>E. Lauchin</i>		How long <i>Some months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. W. L. Lauchin</i>	
		Address <i>Cauling Md</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

paralysis

Death

Immediate

How long sick

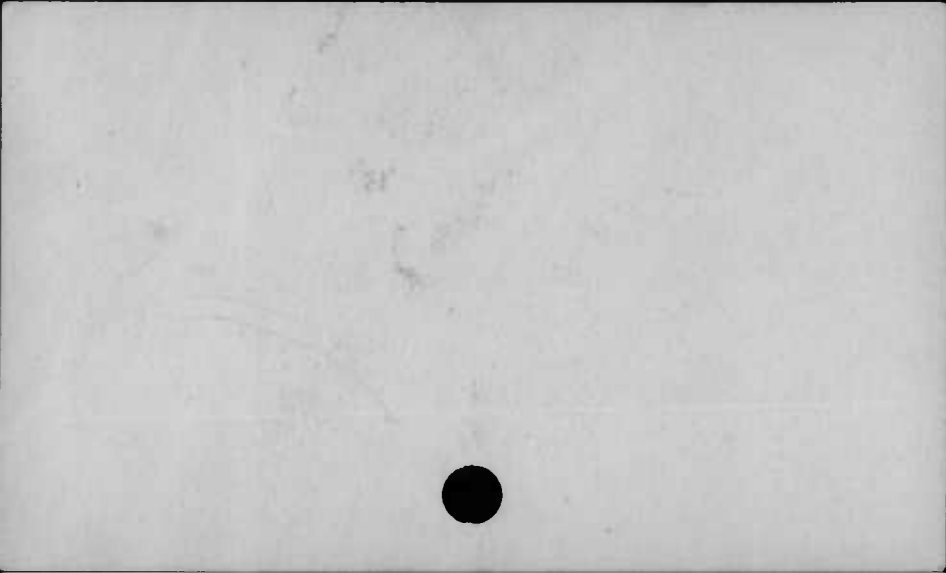
7 years

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sarah Barnett Travers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cornersville</u>		County		MARYLAND	
Date of death	1905	Month	Sept	Day	2
Age	65	Years		Months	11
Sex	Female	Color or Race	White	Birth-place	Cornersville
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Mar.	Name of Wife or Husband			
Father's Name		Peter H. Heeler		Father's Birthplace	
Mother's Maiden Name		Rebecca		Mother's Birthplace	
Name of person giving information		J B Travers		How related to deceased	
				Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart disease - mitral	How long	
Immediate	regurgitation	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		S A Stokes	
Address		R 76 #5 -	
Accident or Suicide?		Cambridge Ind	



Name
in
Full

Thora Ellen Tucker

CERTIFICATE OF DEATH

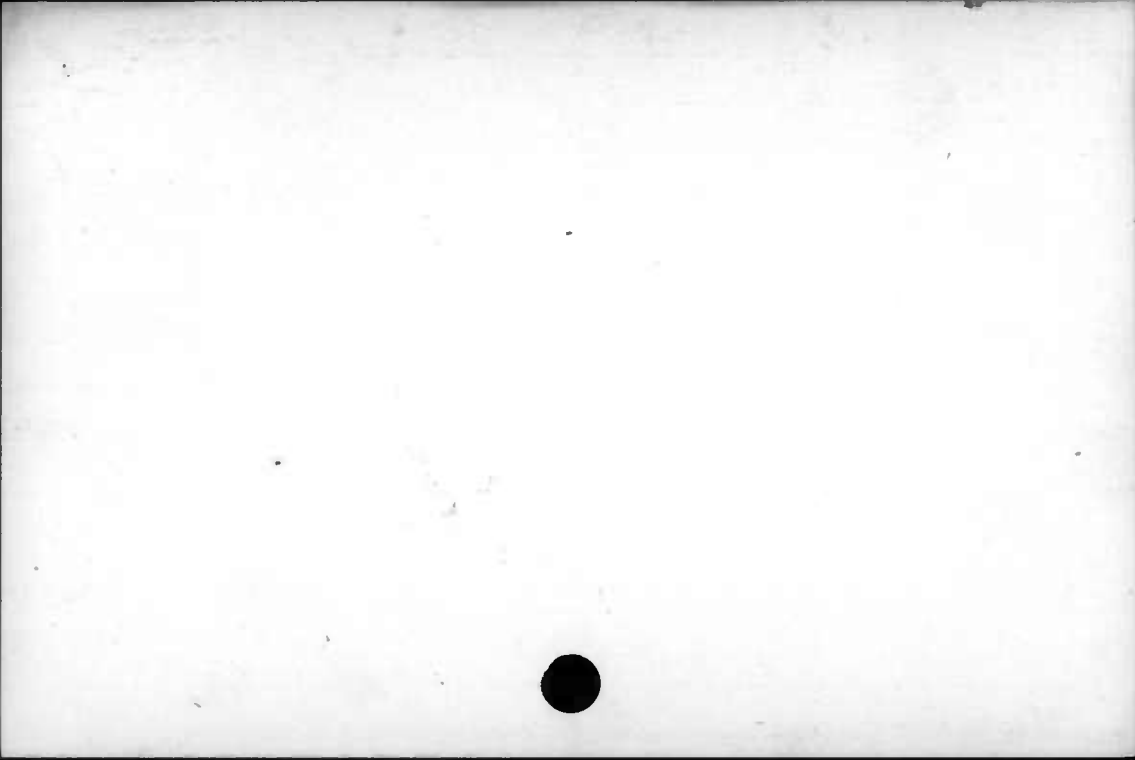
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death	1905	Month Sept.	Day 20	Age	Years	Months 10	Days 23
Sex	Female		Color or Race	White		Birth- place	md
Occupation	Child			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Wm. H. Tucker					Father's Birthplace	md
Mother's Maiden Name	Lela H. Bradley					Mother's Birthplace	md
Name of person giving information	Wm. H. Tucker					How related to deceased	Father

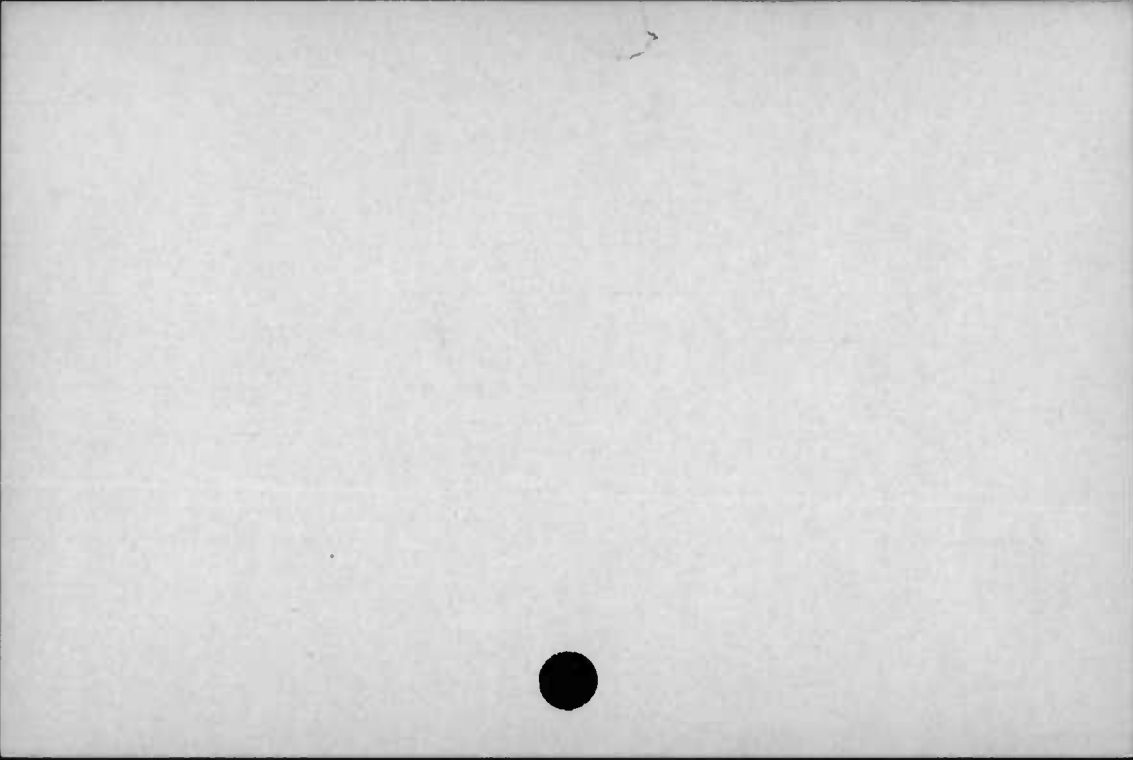
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus.	How long	29
Immediate	Exhaustion.	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician
			Address
			Cambridge, md.
Accident or Suicide?			



Name in Full Lilla May Webb		Town Cambridge		County Dorchester		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Cambridge		Date of death 1905 Sept 22		Age 6		MARYLAND
	Sex Female		Color or Race White		Birth-place Dorchester Co Md		
	Occupation —		Where Residing if not at place of death Cambridge Md Hospital				
	Married, Single or Widowed —		Name or Wife or Husband				
	Father's Name Jos H Webb		Father's Birthplace Dorchester Co Md				
	Mother's Maiden Name Sadie May Taylor		Mother's Birthplace Delaware Co Md				
Name of person giving information Jos H Webb		How related to deceased Sister					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Marasmus		How long 3 or 4 months				
	Immediate Exhaustion		How long Several days				
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. G. L. ...				
	Address Cambridge Md						
Accident or Suicide?							



Name
in
Full

James T. Windsor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Town		Orchester County		MARYLAND	
Date of death 1905	Month sep.	Day 10	Age 46	Months —	Days 24
Sex Male	Color or Race wh.		Birth-place Ind.		
Occupation —			Where Residing if not at place of death —		
Married, Single or Widowed Married		Name of Wife or Husband Annie E. Ackerman			
Father's Name Jos. T. Windsor			Father's Birthplace Ind.		
Mother's Maiden Name Elizabeth Sumner			Mother's Birthplace Ind.		
Name of person giving information Annie E. Windsor			How related to deceased wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary senility	How long —
Immediate acute prostatitis	How long 2 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Thos. L. L. L.
	Address Cambridge, Md.
Accident or Suicide?	



Name
in
Full

McGargoth Woolford

CERTIFICATE OF DEATH

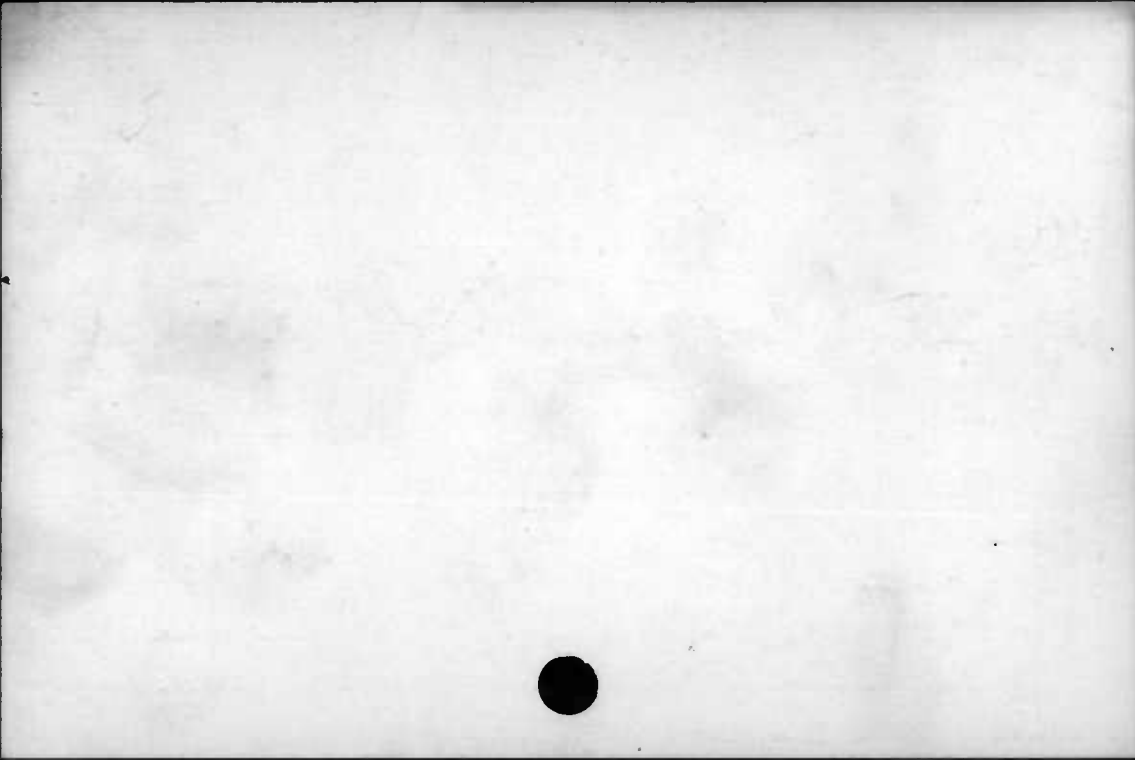
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Griffintown</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	<i>September</i> ^{Month}	<i>19th</i> ^{Day}	Age <i>85</i> ^{Years}	<i>—</i> ^{Months} <i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Col.</i>		Birth-place <i>Dor. Co. Md.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jacob Woolford</i>				
Father's Name <i>Richard Chester</i>	Father's Birthplace <i>Dor. Co. Md.</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Benjamin Woolford</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Don't know</i>	How long <i>Don't know</i>
Immediate <i>Don't know</i>	How long <i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above? <i>Probably</i>	Signature of Physician <i>R. L. Lanthierum M.D.</i>
	Address <i>Church Creek, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Name (Name unknown)

CERTIFICATE OF DEATH

Died at *Cambridge* Town*Orchester* County

MARYLAND

Date of death *1905* Month *Sep*Day *4*Age *40* Years *about*

Months

Days

Sex

*Male*Color or
Race*Colored*Birth-
place*V9*

Occupation

*Sailor*Where Residing If not
at place of death*—*Married, Single
or Widowed*—*Name of Wife or
Husband*—*Father's
Name*—*Father's
BirthplaceMother's
Maiden Name*—*Mother's
BirthplaceName of person giving
Information*—*How related
to deceased

CAUSES OF DEATH

Primary

Drowning (accidental)

How long

—

Immediate

How long

*—*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Gay Stille
Cambridge Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

